

Wisconsin Department of Transportation
VENDOR REGISTRATION APPLICATION
DT1025 1/2004 **(Substitute W9)**

Send To: Wisconsin Department of Transportation
Purchasing - Room 751
P O Box 7396
Madison WI 53707-7396

TIN No (FEIN OR SOCIAL SECURITY NO., not both) <input type="checkbox"/> (1) FEIN: _____ - _____ OR <input type="checkbox"/> (2) SSN: _____ - _____	LEGAL NAME - REQUIRED - (As recorded with the IRS) Business Name (DBA)
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Please enter information below captions.

GENERAL STREET ADDRESS (1)				SOLICITATION STREET ADDRESS (2)			
City	County	State (2 digit)	ZIP Code (9-digit)	City	County	State (2 digit)	ZIP Code (9-digit)
CONTACT PERSON			Position	CONTACT PERSON			Position
Area Code - Telephone Number		800 Number	FAX Number	Area Code - Telephone Number		800 Number	FAX Number
ORDER STREET ADDRESS (3)				PAYEE STREET ADDRESS (4)			
City	County	State (2 digit)	ZIP Code (9-digit)	City	County	State (2 digit)	ZIP Code (9-digit)
CONTACT PERSON			Position	CONTACT PERSON			Position
Area Code - Telephone Number		800 Number	FAX Number	Area Code - Telephone Number		800 Number	FAX Number

BUSINESS TYPE ___(1) Manufacturer ___(2) Retailer ___(3) Wholesaler ___(4) Service
(Check appropriate) ___(5) Consulting ___(6) Construction ___(7) Printer ___(8) Work Center

ORGANIZATION TYPE (Check and complete appropriate)

___(C) Corporation - Incorporated State _____, Date of Incorporation _____
___Yes ___No Is corporation in the business of providing health care/medical services?
___(P) Partnership ___(LP) Limited Liability Company - Partnership ___(LC) Limited Liability Company - Corporation
___(S) Sole Proprietor ___(I) Individual ___(G) Government Entity ___(M) WI Municipality ___(W) WI State Agency
___(O) Other (Specify): _____

How long in present business: _____ years _____ months. Average number of full time employees: _____

BUSINESS OWNERSHIP (Check appropriate)

A. Female Owned	B. Minority Female Owned	C. Minority Owned	D. Non-Minority Owned
___(W) Small	___(WA) Small	___(MA) Small	___(NS) Small
___(X) Large	___(WD) Large	___(MD) Large	___(NL) Large

RACIAL/ETHNICITY (Check appropriate)

___(A) Asian ___(B) Black/African American ___(H) Hispanic ___(I) Native American/Indian
___(W) Native Hawaiian/Polynesian ___(C) Caucasian
___(O) Other - Specify: _____

ANNUAL SALES (GROSS REVENUE) (Check appropriate)

___(2) Below \$100,001 ___(3) \$100,001 - \$500,000
___(4) \$500,001 - \$1,500,000 ___(5) \$1,500,001 - \$5,000,000
___(6) \$5,000,001 - \$10,000,000 ___(7) More than \$10,000,000

Certification Instructions:

You must cross out item (2) below if you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return.

I certify that:

- (1) The number listed on this form is my correct taxpayer identification number and
- (2) I am not subject to backup withholding because:
 - (a) I am exempt from backup withholding; or
 - (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or
 - (c) The IRS has notified me that I am no longer subject to backup withholding (does not apply to real estate transactions, mortgage interest paid, the acquisition of abandonment of secured property, contribution to an individual retirement arrangement (IRA), and payments other than interest and dividends).
- (3) I am a U.S. person (including a U.S. resident alien).

(Company E-Mail Address)

(Print Applicant Name/Title)

(Company Internet URL)

X

(Applicant Signature)

(Date Signed)

CODING FOR GOODS OR SERVICES TO BE PROVIDED BY YOUR FIRM

Select from the Commodity Code Directory those goods or services for which your firm wishes to receive Invitations to Bid and requests for Quotation.

NOTE: It is important that you evaluate all commodity codes and select only those which most accurately describe the goods or services your firm provides.

Enter the corresponding 5-digit Class/Subclass (C/SC) Codes. Include preceding zeroes (3-digit Class plus 2-digit Subclass) in the space provided below. Attach an extra sheet if needed.

Do not send brochures or product catalogs with this application.

[illegible]

Do you desire to Bid statewide in Wisconsin?

☐ **Yes** ☐ **No** - (then check only those counties below for which you desire to bid).

— 1	Adams	— 13	Dane	— 25	Iowa	— 37	Marathon	— 48	Polk	— 60	Taylor
— 2	Ashland	— 14	Dodge	— 26	Iron	— 38	Marinette	— 49	Portage	— 61	Trempealeau
— 3	Barron	— 15	Door	— 27	Jackson	— 39	Marquette	— 50	Price	— 62	Vernon
— 4	Bayfield	— 16	Douglas	— 28	Jefferson	— 73	Menominee	— 51	Racine	— 63	Vilas
— 5	Brown	— 17	Dunn	— 29	Juneau	— 40	Milwaukee	— 52	Richland	— 64	Walworth
— 6	Buffalo	— 18	Eau Claire	— 30	Kenosha	— 41	Monroe	— 53	Rock	— 65	Washburn
— 7	Burnett	— 19	Florence	— 31	Kewaunee	— 42	Oconto	— 54	Rusk	— 66	Washington
— 8	Calumet	— 20	Fond du Lac	— 32	La Crosse	— 43	Oneida	— 55	St. Croix	— 67	Waukesha
— 9	Chippewa	— 21	Forest	— 33	Lafayette	— 44	Outagamie	— 56	Sauk	— 68	Waupaca
— 10	Clark	— 22	Grant	— 34	Langlade	— 45	Ozaukee	— 57	Sawyer	— 69	Waushara
— 11	Columbia	— 23	Green	— 35	Lincoln	— 46	Pepin	— 58	Shawano	— 70	Winnebago
— 12	Crawford	— 24	Green Lake	— 36	Manitowoc	— 47	Pierce	— 59	Sheboygan	— 71	Wood